Testimony of Gary Slutkin, MD
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To the
House Committee on Banking and Financial Services
Hearing on the Global AIDS Crisis and Legislation (HR 3519)
To create a New World Bank AIDS Prevention Trust Fund

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Background

I am Gary Slutkin. I am a medical doctor who is trained in infectious disease control and epidemics. I have been going in and out of Africa for 20 years. I began to work in Africa in 1979; in 1985 I moved to Somalia and lived in Somalia for 3 years. I was recruited by the World Health Organization in 1987 and was assigned to the AIDS epidemic. I spent 7 years working for the World Health Organization Global Programme on AIDS from 1987 to 1994. During those years, with WHO I had the assignment of developing and supporting the AIDS control programs of the 15 countries of Central and East Africa including the Uganda AIDS program. As most of you know the Uganda program is the main success story of Africa. Rates of HIV were reversed by over 50%; in some cities, by more than that.

During the same time period that my team and I supported Uganda, I also visited all of the neighboring countries regularly: 2 – 5 times a year/each. I worked on AIDS control in Kenya, Tanzania, Malawi, Rwanda, Burundi, Zaire, Congo, and several other countries. The main difference between Uganda and the other countries was the level of effort. What was sad to me was that many of the other countries efforts in the late 80s and early 90s were also increasing and may have reached Uganda's efforts if program efforts and funding could have been continued to be increased as Uganda's was.

There is nothing intrinsically different about Uganda. The sex habits are about the same, cultural taboos existent, number of sex partners, age of sexual onset, etc all about the same as other African countries. Aversions to condoms and widespread ignorance about the methods of transmission were also the same. Rates of HIV/AIDS were reversed as a result of government commitment, the availability of funds, and large-scale programming. These three factors are related. There was nothing that was facilitated or supported in Uganda that could not have happened in the majority of the remaining countries currently overwhelmed by the AIDS epidemic. With this help reversals should be expected; without this help reversals are not expected and a deteriorating situation will continue.

The possible exception is that for countries that are currently at war, the rapid support of efforts to immediately stop fighting is urgent. In this region of the world, AIDS and war feed on each other.

Large-scale anti-AIDS efforts should be intensified and should be expected to bring changes similar to those in Uganda. Besides funds and assistance with adminstration, efforts to continuously enhance commitment need to be better organized according to a predetermined calendar and supported with high level visits/missions from prominent U.S government and clergy leaders. This combination of sufficient funds (approximately 700 million – 1 billion a year), high level country missions to African leaders, and regular reporting to Congress, should yield strong results, including a reversal of the epidemic one or two countries at a time over the next 3 to 10 years.

The World Bank Trust Fund is urgently needed. It can make an enormous difference. To not do so is turning our backs again on the most serious epidemic today, and perhaps ever. In-country mechanisms such as the International Partnership for AIDS in Africa and UNAIDS exist to facilitate the use of these funds. Some systems are in place to monitor the maximization of use and to ensure impact; additional systems can and should be added.

Main points – Summary

1. We have been able to achieve massive success in Uganda

2. There is nothing that happened in Uganda that cannot happen in any other country in Africa – this success is completely reproducible in my opinion

3. For 7 years I traveled to all of these countries – Uganda, Kenya, Tanzania, Malawi, Rwanda, Burundi, etc – the only program difference between Uganda and the others was level of effort. Uganda's massive program effort included public education posters and billboards as well as a constant level of trainings, workshops, and community activities - to inform people AIDS is real, how it is/is not transmitted, and how to protect yourself. *A similar level of activity was not seen in the other countries, however many of these countries' efforts were on their way*, before program efforts slowed. These efforts should be jump started again.

4. The level of funding is extraordinarily relevant, in fact central to level of effort – the Uganda program went from 1 million to 4 million to 10 to 18million; other country efforts did not get to this level. Funds are needed from the outside to help.

5. National level programming is needed, not small-scale projects; this requires national level planning and international counterparts for assistance with management and administration. A similar mechanism exists for UN/Partnership in-country assistance.

6. Management and administration are central to the country spending and performing the prevention activities. Funds were not spent by most countries until WHO (now UN), or other staff were in place to work alongside county managers.

7. The Partnership and/or UNAIDS should be able to serve these same functions at this point, and assist in the rapid administration and dispersing of funds.

8. The U.S. Congress should have a mechanism of reporting on progress in implementation, which most importantly tracks: a) country level spending on program activities, b) country program activities, c) changes in levels of receipt of messaging and/or changes in knowledge, as well as d) level of HIV. Items a) and b) may be in place less well than c) and d) and should be a focus of immediate attention.

9. The U.S. Congress should have a technical panel set up to assist monitoring and reporting, and to provide Congress with technical input into whether the right things are being done, at the right level, and why and why not. This reporting should occur about every 6 months.

10. Certain categories of implementation should be almost immediately accelerated with minimum ado. This would include distribution of information to increase knowledge, and counter misinformation.